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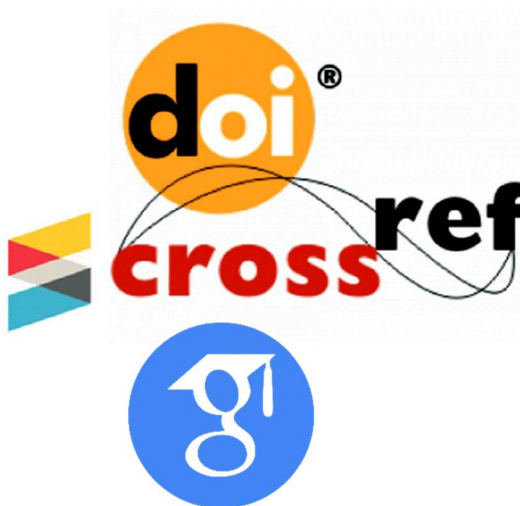
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БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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ABSTRACT

This article analyzes informed consent in dentistry not only as a fundamental right of the patient but also as an effective means of practical communication. Based on legal and empirical data, the study shows that the universal recognition of consent in legislation does not automatically ensure its full and systematic application in practice. Particular attention is also paid to important aspects such as written consent forms, a clear description of the treatment steps, transparency of financial terms, and the patient's full understanding of the entire treatment process.

Keywords: informed consent, dentistry, patient communication, legal procedure, written form, treatment planning.

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СТОМАТОЛОГИЯДА ХАБАРДОР ҚИЛИНГАН РОЗИЛИК: ҲУҚУҚИЙ МОҲИЯТ ВА АМАЛИЙ МАСАЛАЛАР

АННОТАЦИЯ

шбу мақолада стоматология соҳасида хабардор қилинган розилик нафақат беморнинг асосий ҳуқуқи, балки самарали амалий мулоқот воситаси сифатида таҳлил қилинади. Тадқиқот ҳуқуқий ва эмпирик маълумотларга таяниб, розиликнинг қонунчиликда умумий эътироф этилгани уни амалиётда тўлиқ ва тизимли қўлланилишини автоматик тарзда таъминламаслигини кўрсатади. Шунингдек, ёзма розилик шакллари, даволаш босқичларининг аниқ баёни, молиявий шартларнинг шаффофлиги ҳамда беморнинг бутун даволаш жараёнини тўлиқ англаши каби муҳим жиҳатларга алоҳида эътибор қаратилади.

Калит сўзлар: хабардор қилинган розилик, стоматология, бемор билан мулоқот, ҳуқуқий тартиб, ёзма шакл, даволаш режалаштириш.

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ИНФОРМИРОВАННОЕ СОГЛАСИЕ В СТОМАТОЛОГИИ: ПРАВОВАЯ СУЩНОСТЬ И ПРАКТИЧЕСКИЕ ВОПРОСЫ

АННОТАЦИЯ

В данной статье анализируется информированное согласие в стоматологии не только как основное право пациента, но и как эффективное средство практической коммуникации. Исследование, основанное на правовых и эмпирических данных, показывает, что общее признание согласия в законодательстве не автоматически обеспечивает его полное и систематическое применение на практике. Также особое внимание уделяется таким важным аспектам, как формы письменного согласия, четкое описание этапов лечения, прозрачность финансовых условий и полное понимание пациентом всего процесса лечения.

Ключевые слова: информированное согласие, стоматология, общение с пациентом, правовая процедура, письменная форма, планирование лечения.

Introduction

In dentistry, consent is often discussed as a legal formality. This is too narrow. Consent is meaningful only when the patient understands the intervention, the alternatives, the limits of the expected result, and the financial and time structure of treatment. Because many dental procedures are staged and visible to the patient, misunderstanding can easily survive the first visit and resurface later as disappointment or complaint.

The dissertation used both normative and empirical material to explore this issue. The value of that approach lies in its ability to compare two levels at once: what the law states in principle, and how the consent process is actually experienced by patients.

Materials and methods

The review synthesizes the dissertation's data on written consent, written treatment plans, price transparency, warranty information, and patient pathway quality. It also uses the legal scoring of procedural clarity for key mechanisms related to information and consent.

Results

At the empirical level, written consent remains far from universal. At the normative level, the general principle exists, but dentistry-specific procedural detail is limited. This combination explains why consent may be present as an idea while still remaining unstable as a repeatable routine.

Table 1. Patient-side indicators relevant to informed consent

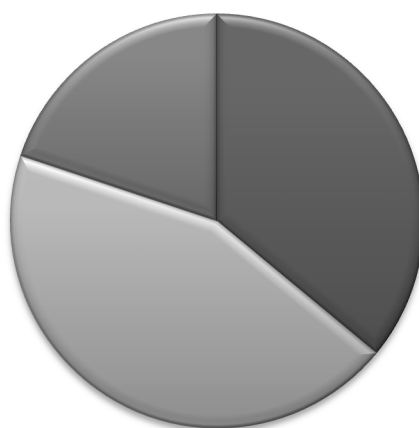
Indicator	Category	n	%
Written informed consent	Yes	76	36.0
Written informed consent	No	93	44.1
Written informed consent	Uncertain	42	19.9
Price and payment terms	Fully explained	108	51.2

Price and payment terms	Partly explained	77	36.5
Price and payment terms	Not explained	26	12.3
Written treatment plan	Yes	132	62.6

Note: the dissertation treats consent as part of a broader information pathway rather than an isolated signature event.

The table already hints at a structural problem. Consent and price transparency are closely connected in dental care. A patient who does not receive a clear treatment plan or a transparent cost explanation may formally agree to treatment while still lacking a stable understanding of what has been agreed.

Written informed consent in patient responses



■ Yes ■ No ■ Uncertain

Figure 1. Patient responses on written consent.

The first chart shows the weak routine directly. A substantial share of respondents either denied the presence of written consent or could not clearly identify it. This means the consent event either did not occur in a stable written form or did not leave a sufficiently clear impression on the patient.

The second chart is even more important analytically. Average pathway quality is markedly higher among patients who confirmed written consent. This suggests that consent is not merely a defensive legal tool. It is also an indicator of a better organized and better understood treatment process.

Table 2. Selected procedural clarity scores

Procedure	Score	Interpretation
Patient information before intervention	1.0	General norm, limited practical detail
Informed voluntary consent	1.3	Principle exists, dentistry-specific routine is incomplete
Medical record keeping	1.7	More stable than consent, but still uneven
Pre/post photo documentation	0.7	No strong unified routine

Standardized consent form	written	0.3–0.7	One of the weakest procedural areas
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Note: the scores come from the dissertation's 0–3 scale of procedural clarity.

These scores explain why routine consent remains fragile. Law may recognize the principle while still leaving everyday practice under-defined. In dentistry, that under-definition matters more than in many other fields because the treatment course often includes elective choices, cost sensitivity, and visible outcome assessment.

A strong consent routine therefore needs more than a statement of principle. It needs a short, readable, and procedure-linked written format that fits the rhythm of real dental practice.

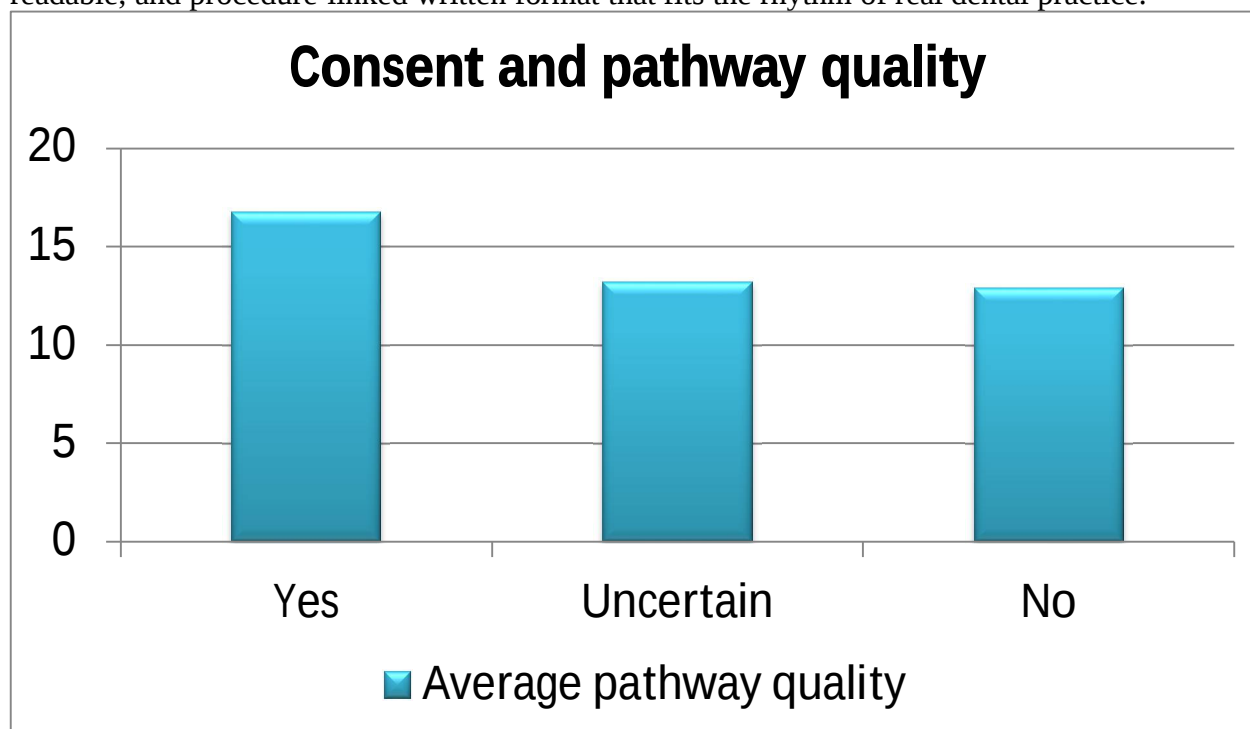


Figure 2. Consent status and average patient pathway quality.

The second chart helps connect legal language with everyday care. The lowest positions are concentrated in those consent steps where the patient needs the clearest written explanation. This is why standard forms alone are insufficient without a stable communication routine.

Discussion

Consent works best when it is treated as a process rather than an isolated document. The process starts with diagnosis and alternatives, continues through risk and cost explanation, and ends with an understandable record of the patient's decision. In staged dental care, this process may need renewal at key points rather than only once at the beginning.

That approach reduces both legal and communication failure. The patient is less likely to feel surprised. The clinician is less likely to rely on memory instead of documentation.

Conclusion

In dentistry, informed consent should be understood as an organized pathway of explanation, decision, and recording. The dissertation data show that stronger consent practice is associated with better perceived pathway quality.

A concise written model linked to treatment planning and cost disclosure is the most practical way to strengthen consent in routine dental care.

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ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ

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